



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
BUREAU OF PESTICIDE CONTROL

DATE

PESTICIDE LICENSE CHANGE OF NAME/ADDRESS

ALL SPACES MUST BE COMPLETED. IF NOT APPLICABLE, MARK "N/A"

WHAT INFORMATION DO YOU WISH TO CHANGE? CHECK ALL THAT APPLY.

- ☐ APPLICATOR HOME ADDRESS ☐ APPLICATOR BUSINESS ADDRESS
☐ APPLICATOR NAME ☐ APPLICATOR BUSINESS NAME

APPLICATOR INFORMATION

APPLICATOR NAME	SOCIAL SECURITY NUMBER	PESTICIDE LICENSE NO.
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NEW INFORMATION

APPLICATOR NAME LEGALLY CHANGED TO

NEW HOME CONTACT INFORMATION

HOME ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

NEW BUSINESS CONTACT INFORMATION

BUSINESS NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

SIGNATURE

LICENSED APPLICATOR SIGNATURE	DATE INFORMATION CHANGED
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ATTENTION COMMERCIAL APPLICATORS

ANY CHANGE IN APPLICATOR NAME, BUSINESS NAME OR BUSINESS ADDRESS MUST BE ACCOMPANIED BY A REVISED INSURANCE CERTIFICATE CONTAINING THE SAME INFORMATION. YOUR COMMERCIAL PESTICIDE APPLICATOR LICENSE IS NOT VALID WITHOUT A CURRENT INSURANCE CERTIFICATE PROVIDED BY YOUR INSURANCE COMPANY.

Submit to:
Missouri Department of Agriculture
Bureau of Pesticide Control
P.O. Box 630
Jefferson City, MO 65102
Fax: 573.751.0005